

Dear Member,

Inside is a Request for Access to Protected Health Info (PHI) form which lets you request access to your PHI that Meridian maintains. You or someone on your behalf has asked for a copy of this form. Once we receive your form, we will respond to you by mail within 30 days.

Below are steps to each section on the form. You can use this as a checklist.				
SECTION 1: Your info	☐ SECTION 4: Where to send your PHI			
☐ SECTION 2: Info you are requesting	☐ SECTION 5: Sign and date			
SECTION 3: Request reason	SECTION 6: Return the form			
✓ We cannot process the form if all sections are not filled out. You will have to fill out a new form to request your PHI				
✓ We may tell you that we need an additional 30 days to process your request				
✓ We will approve or deny your request				
You have the right to a review of our denial if your request is denied for a reason other than this form not being filled out. We will give you steps for this second review if needed				



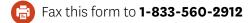
Please call Member Services at 1-888-437-0606 (TTY: 711) or email privacy.mi@mhplan.com if you have questions or need help filling out this form.

Request For Access to Protected Health Info Form

	SECTIO	N 1: YOUR INFO				
Name (First and Last):		Date of Birth (Date of Birth (mm/dd/yyyy):			
Member ID#:		Phone:				
Address:	City:	State:	Zip:			
SECTION 2: INFO YOU ARE REQUESTING						
Tell us what info you need:						
Date range for the info you are asking for: From: (mm/dd/yyyy)		/dd/yyyy)	To: (mm/dd/yyyy)			
SECTION 3: REQUEST REASON (CHOOSE ONE)						
☐ To help with my health care ☐ For my own records ☐ For a lawsuit, legal action, court case, settlement, etc.						
Other:						
SECTION 4: WHERE TO SEND YOUR PHI (CHOOSE ONE)						
Who should Meridian send this to (PLEASE PRINT NAME):						
How should it be sent (CHOOSE ONE):						
Fax to: By em	ax to:					
☐ In person at a location decided by Meridian (must make an appointment)						
☐ By mail to the following	address:					
Address:	City:	State:	Zip:			
SECTION 5: SIGN AND DATE						
Who is signing?						
☐ Member listed above ☐ Parent of minor member listed above ☐ Someone other than member*						
Signature:		Date:				
Name (printed):						
*Description of authority to act on behalf of the member (e.g., durable power of attorney, court order, parent of minor child, etc.):						
You must attach the legal r delays in this request if you		name you as the repres	sentative of this member. There will be			

SECTION 6: RETURN THE FORM

Send us a copy of this form by choosing one of the following:



Email this form to privacy.mi@mhplan.com

Send this form by mail to the address below:

Meridian Attn: Privacy Official 777 Woodward Ave, Suite 700 Detroit, MI 48226 1-888-437-0606 (TTY: 711)